

NATIONAL DISTRICT ATTORNEYS
ASSOCIATION,

Alexandria, VA, October 3, 1997.

Hon. ORRIN G. HATCH,
Chairman, Senate Committee on the Judiciary,
Washington, DC.

DEAR CHAIRMAN HATCH: I strongly support the nomination of Bill Lann Lee as Assistant Attorney General for Civil Rights for the Department of Justice.

Through his work as a Civil Rights attorney, Bill Lann Lee is, I believe, well versed in the problems confronting law enforcement at the community level and in particular in the problems facing our police departments in regard to their relationships with the communities they serve. Crucial to his success as Assistant Attorney General will be his ability to minimize destructive conflict between state, local and federal resources to achieve the goal of bringing peace and harmony to our communities.

In my discussion with him on his goals in his nominative role, Mr. Lee has indicated his strong dedication to seeking out nonconfrontational and alternative methods of resolving the festering problems besetting our police. Moreover, he recognizes that many complaints are without merit and based in perception rather than fact. He is eminently aware that he must make a viable and continual contribution to fostering a stronger working relationships between law enforcement and all segments of our communities to achieve the goal of ending both actual and perceptions of police misconduct.

During our discussions we also addressed how best to accomplish the investigative efforts, involving both local and federal interests, in cases involving police misconduct. He has pledged to work with local leaders to develop protocols to combine efforts to ensure effective use of assets, a fuller development of the pertinent facts and a timelier resolution. This alone would be a lasting contribution if brought to fruition.

I believe that as the Assistant Attorney General for Civil Rights, he will remain fully cognizant of the need and expectations of the people of the United States to be provided effective, efficient and fair law enforcement services. I am convinced that he will do his utmost to insuring that honest and hard-working police officers are not tarnished by the acts of a few miscreants.

Thank you for considering my perspective in considering this important appointment.

Sincerely,

WILLIAM L. MURPHY,
District Attorney, Richmond County, NY

RIORDAN & MCKINZIE,
Los Angeles, CA, September 19, 1997.

Re: Bill Lann Lee

Hon. ORRIN HATCH,
Chairman, Senate Judiciary Committee,
Washington, DC.

DEAR SENATOR HATCH: I am aware of the fact that the Senate Judiciary Committee is considering the nomination of Bill Lann Lee for the post of Assistant Attorney General for Civil Rights. As the lead attorney representing the Los Angeles County Metropolitan Transportation Authority in the case of *Labor/Community Strategy Center, et al. v. Los Angeles County Metropolitan Transportation Authority* (the "LACMTA litigation"), I came to know Bill Lann Lee quite well. We clashed on many issues during the course of that litigation. However, I have nothing but the highest regard for Mr. Lann Lee as an attorney and as a gentleman.

Additionally, as a former prosecutor, it is my belief that the Assistant Attorney General for Civil Rights must be an individual who is pragmatic. During the course of the LACMTA litigation, we were able to work

with Mr. Lee to reach compromises on a number of substantial issues—the most important of which was the Consent Decree that resolved the litigation. Were it not for Mr. Lee's pragmatic approach, the parties would never have been able to resolve their differences.

Notwithstanding the significant disparity between Mr. Lee's political philosophy and my own, I cannot think of a better candidate to fill the position of Assistant Attorney General for Civil Rights than Bill Lann Lee.

Sincerely,

KENNETH KLEIN,
of Riordan & McKinzie.●

THE JOURNAL

Mr. LOTT. Mr. President, I ask unanimous consent that the Senate Journal of Proceedings be approved to date.

The PRESIDING OFFICER. Without objection, it is so ordered.

RICKY RAY HEMOPHILIA RELIEF FUND ACT OF 1998

Mr. LOTT. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of calendar No. 707, H.R. 1023.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report.

The legislative clerk read as follows:

A bill (H.R. 1023) to provide for compassionate payments with regard to individuals with blood-clotting disorders, such as hemophilia, who contracted human immunodeficiency virus due to contaminated blood products, and for other purposes.

The PRESIDING OFFICER. Is there objection to the immediate consideration of the bill?

There being no objection, the Senate proceeded to consider the bill.

Mr. DEWINE. Mr. President, H.R. 1023, the Ricky Ray Hemophilia Relief Fund Act, would authorize the establishment of a fund from which compassionate payments would be made to people with hemophilia who contracted HIV/AIDS through tainted blood products during the early 1980s. These people were victimized by the failure of the federal government to safeguard these blood products—failures included inadequate measures to screen out high-risk donors and long-delayed recalls of blood products known to pose an elevated risk of infection. During the time period specified in the legislation, approximately 7,200 victims were infected. Each victim—or the victim's family—would receive a single \$100,000 payment. The total authorization is \$750,000, which would have to be separately appropriated. The relief fund sunsets after 5 years. H.R. 1023 passed the House without objection on the suspension calendar in May. Similar legislation in the Senate (S. 358), which I sponsored, has 62 bipartisan cosponsors.

Mr. JEFFORDS. I rise to make remarks concerning the Ricky Ray Hemophilia Relief Fund Act to provide compassionate payments to hemophiliac victims of the blood supply cri-

sis of the 1980s. The House passed the bill last May; unfortunately the Senate may not be able to pass a bill this year. The tragedy of the blood supply's infection has brought unbearable pain to families all over the country. I have heard from hundreds of these individuals and families over the past months, and I had hoped this bill would bring some closure to the grief of thousands of families who have suffered because of the blood crisis of the 1980s.

I am saddened, however, that the bill that passed the House acknowledged fewer than half the victims of the blood supply crisis. Along with Senators WARNER and FAIRCLOTH, I have fought to include victims of transfusion-associated AIDS in the bill this year. They are victims of the same blood supply crisis and are just as deserving of acknowledgment and compassion from the federal government.

I cannot overstate my disappointment, and I can only imagine their pain. This is a group of people that has suffered a great tragedy. In their minds, in the minds of the hemophiliac community, and in the minds of members who have advocated for the Ricky Ray bill, the federal government played a role in the tragedy. It would be bad enough for the federal government to never step forward and acknowledge the tragedy, but passing a bill without them would have been the worst kind of affront. We would have acknowledged the tragedy, but ignored the distress it has brought to this particular community.

With commitment from a few of my key colleagues that we would pass a bill for transfusion-associated AIDS cases next year, I supported passage of H.R. 1023. I want to take this opportunity to discuss some of the background of the bill and the reasons that I have fought so hard to include the transfusion-associated AIDS community in the Ricky Ray bill this year.

While financial need and simple compassion for the tragedy suffered may be two reasons of many to pass this bill, these reasons alone cannot justify government payments to victims of the blood supply. The bill is heavily rooted in the belief that in the early to mid-1980s the government failed to protect users of the blood supply. The record that has been built in the Senate in floor speeches and in testimony provided at the Labor Committee hearing reflects this reason above all others for passing this bill.

Last October the Senate Committee on Labor and Human Resources held a hearing on "HIV/AIDS: Recent Developments and Future Opportunities." A good portion of that hearing was devoted to a discussion on the blood crisis of the 1980s, resulting in the HIV infection of thousands of Americans who trusted that the blood or blood products with which they were treated was safe. Witnesses at the hearing included John Williams, the father of a child who contracted HIV from the clotting factor and died at the age of 18, and

Donna McCullough, a young woman who contracted HIV when she received a blood transfusion after a miscarriage.

Several witnesses at the hearing, including my colleagues Senator MIKE DEWINE and Congressman PORTER GOSS, testified that the federal government played a role in bringing on this tragedy and therefore owes this expression of compassion to the community affected.

Witnesses testified that the federal government is the watchdog charged with protecting the blood supply and that the government failed to respond aggressively to the early signs of blood borne diseases. The government did not do all it could have done to screen donors and test blood. The government failed to recall potentially contaminated blood and blood products; and then, knowing that transfusion of HIV-infected blood and blood products led to HIV infection, knowing that some of the blood was contaminated, and knowing that people were using it, the government still failed to notify people who were at risk. The details of the government's role were outlined in an Institute of Medicine (IOM) report published in 1995.

THE INSTITUTE OF MEDICINE REPORT

The IOM was commissioned to assess what happened in the 1980s with the hope of avoiding another crisis like the one that has devastated these families. The resulting report, "HIV and the Blood Supply: An Analysis of Crisis Decisionmaking" made criticisms of the government's handling of the blood crisis and has been cited many times in support of the Ricky Ray bill. Witnesses at the hearing spoke about the report and its findings, and it has been quoted repeatedly by advocates for the Ricky Ray bill.

The report is usually quoted in a way that highlights the shortcomings of government decision-making as they affected the hemophiliac community. But there is more to the report, and I would like to outline some of the points that are made most often with regard to the IOM report—both because I think the findings of the report provide insight as to why the Ricky Ray bill has enjoyed the support it has, and also to demonstrate that the IOM findings applied equally to the transfusion community.

The IOM Committee found a "failure of leadership" with regard to the government's role in ensuring the safety of the blood supply. We know that "failure of leadership" led to the HIV infection of more than one-half of the Nation's hemophilia population. In fact, the IOM Committee identified problems that:

indicated a failure of leadership and inadequate institutional decision making processes in 1983 and 1984. No person or agency was able to coordinate all of the organizations sharing the public health responsibility for achieving a safe blood supply.

The suggestion that only the hemophiliac community was affected by a "failure of leadership" is an inaccurate

representation of the report's findings. More importantly, that representation tragically excludes transfusion-associated AIDS cases, a community that is equally deserving of acknowledgment. Any failings of the government with regard to ensuring a safe blood supply clearly affected transfusion recipients as well as hemophiliacs.

The IOM Committee also concluded that:

when confronted with a range of options for using donor screening and deferral to reduce the probability of spreading HIV through the blood supply, blood bank officials and federal authorities consistently chose the least aggressive option that was justifiable.

The government's decision to use least aggressive options with regard to donor screening and deferral decisions not only bypassed an opportunity to slow the spread of HIV within the hemophilia community, it resulted in thousands of cases of transfusion-associated AIDS. If infected blood had not been donated, no one would have been infected.

The IOM report outlined several specific areas where it found that the government failed to provide leadership, including:

March, 1983 letters relating to donor screening were unclear and not specific in their directives.

A July, 1983 decision not to recall plasma products automatically whenever linked to individual donors identified as having or suspected of having AIDS.

Delay in FDA's formal decision to recommend tracing recipients of transfusions from a donor who was later found to have HIV.

Each of these failures has been described on this floor with regard to how it affected the hemophiliac community, leaving the strong impression that only the hemophiliac community was affected. Again, with full understanding of the facts, it is obvious that each of these decision points affects not only a hemophiliac in receipt of an infected blood product, but any recipient of an infected blood transfusion, whether hemophiliac, surgical patient, or a mother who had just lost her first child to a miscarriage.

The IOM used the phrase "missed opportunities" to characterize the government's activities during the early and mid-1980s. Advocates for the Ricky Ray bill have made much of how the "missed opportunities" affected the hemophiliac community. The IOM said:

The Committee believes that it was reasonable to require blood banks to implement these two screening procedures [screening donors and testing blood for surrogate markers] in January 1983. The FDA's failure to require this is evidence that the agency did not adequately use its regulatory authority and therefore missed opportunities to protect the public health.

Seen in context, the "missed opportunities" argument, like the "failure of leadership" argument, applies equally to the transfusion-associated AIDS cases.

LEGAL BARRIERS

Mr. Williams and others at the hearing last October testified that the hemophiliac community has found it nearly impossible to make recovery through the courts because of blood shield laws in most states that raise the burden of proof for product liability claims for blood and blood products. In addition, all states have statutes of limitations that prohibit litigation if the suit was not filed within a certain period of time. These arguments also have been presented on the Senate floor in support of the Ricky Ray bill and the hemophiliac community.

Again, these legal barriers also apply to the transfusion cases. Transfusion-associated AIDS victims are subject to the same blood shield laws and statutes of limitations that Mr. Williams mentioned at the Labor Committee hearing last fall. I heard from one father in Virginia who described the humility of being laughed at as the winning defense attorneys left the courtroom. He and his wife had filed suit after their three-year old son died of AIDS. The boy had been infected by a transfusion he received as an infant. Is he any less deserving?

Furthermore, we must note that the hemophiliac community has settled a class action with the factor manufacturers for \$100,000 per infected individual. The transfusion community has won no such class action award. Some people may think that most transfusion victims recovered millions of dollars in court, and therefore need not be helped in this legislation. That is simply not the case. While in a very few cases individuals in this group were able to track the source of their infection and bring suit successfully against the blood bank, the vast majority were not.

According to the book "Transfusion-Associated AIDS," by Robert K. Jenner, an attorney who has represented both hemophiliac and transfusion victims, only 2-6% of transfusion victims have received any compensation through legal action. He cites a study conducted by Transfusion magazine, and notes that only 150-300 transfusion lawsuits were filed. Of those, only 40 went to trial, and only 14 resulted in awards. Many of the 14 awards were later reduced by the court or settled after trial for a lesser amount.

Combining these numbers with CDC's estimate that there are 10,214 victims of transfusion-associated AIDS from the early and mid-1980s, we can calculate that somewhere between 1.5 to 3% of transfusion cases filed suit, and far less than 1% of those experienced recovery anywhere near the hundreds of thousands we have been led to believe they received in court.

COMPENSATION IN OTHER COUNTRIES

We have been reminded frequently that the U.S. is the last developed country to provide assistance/compensation to hemophiliacs who were infected with HIV by contaminated

blood. What we haven't heard is that many of those countries included other victims of the blood supply crisis in their compensation programs, including Australia, Canada, Denmark, France, Italy, and Switzerland.

ESTIMATING TRANSFUSION VICTIMS

I know some of my colleagues may be concerned that we don't know enough about the transfusion victim community to have confidence in the number of victims we have calculated. I believe we know quite a bit. The estimated number of transfusion victims, 10,214, is based on data obtained from the Centers for Disease Control, the federal agency charged with tracking incidence of AIDS. Further, the Congressional Budget Office has analyzed this number and concurs with the estimate.

While we cannot identify these victims by name, I don't see how we could and I don't see why we need to. The legislation that was reported unanimously by the Committee on Labor and Human Resources, S. 2564, establishes appropriate criteria that must be demonstrated in order to collect a compassionate payment.

We know that the transfusion victims acquired AIDS through the same mode of transmission as the hemophiliac community and they have suffered greatly. Like the hemophiliac community, some of them passed the disease on to their spouses and children and must live with that pain. Like the hemophilia community, some of them have experienced extreme financial difficulty because of the combined effect of their underlying disease and AIDS.

Regardless of our ability to generalize about this group of people, we know that they have suffered greatly because of the blood supply crisis, and we owe them the same acknowledgment and compassion that we have offered to the hemophilia community.

NO WASHINGTON LOBBY

There are roughly 10,000 people in addition to hemophiliacs who suffered extreme tragedy because of the blood supply crisis of the 1980s. The transfusion community is in fact somewhat bigger than the hemophiliac community. That fact may surprise my colleagues, because most of them have probably not been lobbied by this community.

Upon reflection it will become clear why this community has not been actively lobbying. They have no political voice and no Washington office providing them with daily updates on the status of their bill. They don't have a lobbying voice in Washington or a strong grassroots network because they are not united by a single disease like hemophilia.

There is one courageous individual working on behalf of this group who deserves mention. Steve Grissom is the President of a group called National Association for Victims of Transfusion-Acquired AIDS, or NAVTA. Steve is in his mid-40s and suffers from AIDS acquired from blood transfusions he received to treat his leukemia. Steve is a

strong, proud man who certainly does not want our pity. I want to express my deep respect for the man Steve is and the work he has done to help the cause of thousands who suffer as he does.

I met with Steve last summer in my office here in Washington. He drove from North Carolina with his wife and young daughter. Steve moves in a wheelchair and breathes with the assistance of an oxygen tank. I'm not sure whether he chose to drive rather than fly all the way to Washington because it's easier on his breathing or because of financial constraints, and I'm not going to ask. Either way, making that long drive is symbolic of his commitment.

Steve works by himself out of his home with the assistance of e-mail, fax machines, and the internet. He has done everything he can think of and can afford to do to connect with other people who share his circumstances. It is more difficult than any of us can imagine to try organize the population that Steve is trying to reach. Except for HIV or AIDS, these people have nothing in common. And the one thing they do have in common—AIDS—carries enormous stigma. Privacy considerations make it nearly impossible for this community to network and form an effective grassroots lobby. How should these people go about finding each other?

They also have no money. They have no substantial membership to support campaigns to alert other victims to their existence. They have no pharmaceutical or corporate partners who want to collaborate with them to advance a research or policy agenda related to their disease, or want to make contributions to the work of NAVTA in the name of good public relations.

In addition to paying tribute to Steve and NAVTA for the enormous work he has done to support my efforts in the Senate, I also want to draw attention to the generous spirit of NAVTA. Transfusion-associated AIDS victims know they should have been included in the Ricky Ray bill. Even so, in their contacts with me they have always been clear that they did not want to be added to the bill if that would preclude passage. There is a generosity of spirit seldom seen in Washington.

As it happened, NAVTA copied the National Hemophilia Foundation on its June letter expressing NAVTA's wish that transfusion cases not be the reason the bill dies. Within a week the letter was being circulated on Capitol Hill as an argument for excluding transfusion victims.

TIMING AND PROCEDURE

The House passed its version of the Ricky Ray bill in May, 1998. At the time of the Committee's hearing on this issue (October, 1997) I had asserted my view that the bill should extend its compassion to other victims, and immediately upon House passage I began work on that effort.

The immediate message from the advocates of the bill was that there was

not time to make these changes. I did not believe that then and I don't believe it now. The changes I proposed were simple in nature and I never heard a good reason that they couldn't be made.

In June, I circulated draft language that would include the transfusion community. Early in July full-page advertisements ran in the Vermont Sunday papers asserting that I was holding up the bill in my Committee. This while I was still waiting for feedback on my language from the same group that ran the ads.

Nonetheless, I continued to press forward and eventually received feedback from all interested parties. There were no substantive comments to the changes I proposed. In fact, advocates for the bill agreed that transfusion victims had suffered a tragedy similar to their own. The objection I continued to hear was that there wasn't time in the legislative session to complete the process.

Once I had received feedback from all interested parties, I informally queried my Committee members about discharging the bill from the Committee—this was in July just before the August recess. I was told there would be objections; significantly, those objections were unrelated to the changes I had made to the bill. It became apparent that a mark-up would be required, so at the end of July my proposed language was published in the CONGRESSIONAL RECORD.

I scheduled a Committee markup of the Ricky Ray bill for September 9. Because there was not a quorum present we were unable to conduct Committee business that day. I attempted to complete the markup two more times in the following week, but both times scheduling changes on the floor precluded our meeting. Early in the week of September 14, Senator DEWINE and I agreed that the prudent next step would be to allow both my Chairman's mark and H.R. 1023 to be passed from the Committee.

We rescheduled the markup for September 16, and on that day both bills passed the Committee by voice vote. I promised then that I would do everything I could to pass a bill that included both communities. I also promised that if it became clear that we couldn't get the changes passed this year, I would agree to passage of the Ricky Ray bill without the transfusion community. That is where we now find ourselves, so, with assurances that we will add transfusion victims next year, I support passing H.R. 1023.

In closing, I would like to remind my colleagues who the transfusion victims are. They are pregnant Moms, accident victims, and people like Steve Grissom, mentioned earlier. Until now they were united only in their trust in a blood supply that gave them AIDS. I hope that, if nothing else, our efforts this year in the Senate will help other transfusion victims to find Steve and

NAVTA so that, next year, my colleagues will hear from the other victims of the blood supply crisis.

They are out there and they, too, deserve our acknowledgment and compassion.

Mr. LOTT. Mr. President, I congratulate Senator DeWine and commend him for his dedicated effort in this area. He felt that a wrong had been committed and that people had suffered because of no mistake of their own. Something had to be done to right the wrong. This is the bill that has been known as the Ricky Ray Relief Fund.

Mr. President, I ask unanimous consent that the bill be read the third time and passed, the motion to reconsider be laid upon the table, and that any statements relating to the bill appear at this point in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (H.R. 1023) was considered read the third time, and passed.

AMENDING SENATE RESOLUTION 209 TO PROVIDE BUDGET LEVELS IN THE SENATE

Mr. LOTT. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 312 submitted earlier today by Senator Domenici.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report.

The legislative clerk read as follows:

A resolution (S. Res. 312) to amend Senate Resolution 209 in order to provide budget levels in the Senate for purposes of Fiscal Year 1999 and include the appropriate budgetary levels for fiscal years 2000, 2001, 2002, and 2003.

The PRESIDING OFFICER. Is there objection to the immediate consideration of the resolution?

There being no objection, the Senate proceeded to consider the resolution.

Mr. DOMENICI. Mr. President, for the information of the Senate, this resolution on behalf of Senator Lautenberg and myself is the so-called deeming budget resolution. We have cleared this with our colleagues on both sides of the aisle.

Last year this Congress reached an historic agreement with the President. We enacted the Balanced Budget Act of 1997. I think those pundits who like to suggest that this Congress has not done anything seem to conveniently forget that the balanced budget agreement was done in this Congress.

Nevertheless, that agreement and the implementing legislation—the Budget Enforcement Act of 1997—put in place for 5 years spending limits on appropriated accounts and extended various other fiscal enforcement tools. I have often thought of this legislation as a first step in creating a biennial budgeting and appropriations process. We have operated in the second session of this Congress under those spending caps and applied the discipline of that act to help us secure the first balanced budget in decades.

The levels set forth in this Senate resolution reflect the bipartisan balanced budget agreement—updated for the most recent fiscal and economic information provided to us by the Congressional Budget Office and for legislation enacted since the last budget resolution was agreed to.

This is similar to the action which the Senate took on April 2 of this year when we passed S. Res. 209 which pro-

vided a section 302 allocation to the Committee on Appropriations in advance of completing action on a budget resolution.

What we have done today is simply provide committee spending allocations and establish overall aggregate levels of spending and revenues so that we can continue the fiscal discipline inherent in our budget rules—this means we will be able to enforce our section 302 and 311 points of order and our pay-as-you-go rule.

I feel this discipline has been critical to our ability to uphold the bipartisan balanced budget agreement and led us to a period of budget surpluses. Thus we should not let the fact that we were unable to complete conference prevent us from going forward with the budget rules which have served us so well in the past.

I am hopeful that early in the next Congress we might consummate the 2 year budgeting and appropriations process in statute along with other changes to the Budget Act necessitated by the changed environment of projected budget surpluses.

Mr. President, I ask unanimous consent that the allocations of budget authority and outlays under section 302 of the Budget Act for Senate authorizing committees be printed in the RECORD. The Senate appropriations already received its allocation on April 2 of this year when the Senate adopted S. Res. 209.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

SENATE COMMITTEE BUDGET AUTHORITY AND OUTLAY ALLOCATIONS PURSUANT TO SECTION 302 OF THE CONGRESSIONAL BUDGET ACT BUDGET YEAR TOTAL 1999

[In millions of dollars]

Committee	Direct spending jurisdiction		Entitlements funded in annual appropriations act	
	Budget authority	Outlays	Budget authority	Outlays
Agriculture, Nutrition, and Forestry	9,027	6,319	17,273	9,183
Armed Services	48,287	48,160	0	0
Banking, Housing, and Urban Affairs	6,538	3,182	0	0
Commerce, Science, and Transportation	8,124	5,753	682	678
Energy and Natural Resources	2,201	2,238	40	39
Environment and Public Works	31,232	1,349	0	0
Finance	694,465	688,023	146,033	146,926
Foreign Relations	10,908	12,141	0	0
Governmental Affairs	58,299	57,062	0	0
Judiciary	4,953	4,590	231	232
Labor and Human Resources	7,989	7,514	1,328	1,328
Rules and Administration	93	56	0	0
Veterans' Affairs	1,194	1,418	22,629	22,536
Indian Affairs	492	477	0	0
Small Business	0	-220	0	0
Unassigned to Committee	-303,087	-294,967	0	0
Total	1,417,136	1,402,185	188,216	180,922

SENATE COMMITTEE BUDGET AUTHORITY AND OUTLAY ALLOCATIONS PURSUANT TO SECTION 302 OF THE CONGRESSIONAL BUDGET ACT 5-YEAR TOTAL: 1999-2003

[In millions of dollars]

Committee	Direct spending jurisdiction		Entitlements funded in annual appropriations act	
	Budget authority	Outlays	Budget authority	Outlays
Agriculture, Nutrition, and Forestry	37,593	24,604	86,417	51,226
Armed Services	258,666	258,183	39,022	1,700
Banking, Housing, and Urban Affairs	39,022	1,700	0	0
Commerce, Science, and Transportation	64,657	52,828	3,680	3,660
Energy and Natural Resources	10,564	10,487	200	242
Environment and Public Works	162,510	6,871	0	0
Finance	3,660,491	3,651,115	827,934	829,129
Foreign Relations	48,981	54,569	0	0
Governmental Affairs	312,943	306,281	0	0